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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	I-2-91.8US
	First Named Inventor	Ozluturk et al.
	COMPLETE IF KNOWN	
	Application Number	09/742,990
	Filing Date	December 21, 2000
	Group Art Unit	2661
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		Not Yet Known

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CODE DIVISION MULTIPLE ACCESS (CDMA) COMMUNICATION SYSTEM

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/21/2000 as United States Application Number or PCT International Application Number 09/742,990 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
08/956,740	10/23/1997	6,215,778
08/669,775	06/27/1996	5,799,010
60/000,775	06/30/1995	
09/003,104	01/06/1998	6,181,949
08/670,162	06/27/1996	5,841,768
09/304,286	05/03/1999	
08/671,068	06/27/1996	5,940,382

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number **24374** → **Place Customer Number Bar Code Label here**

OR
☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C. and InterDigital Communications Corporation			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number **24374** OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Fatih M.		Ozluturk	
Inventor's Signature	<i>Fatih M. Ozluturk</i>		Date
Residence: City	Port Washington	State	NY
		Country	USA
Post Office Address	70 Willowdale Avenue		
Post Office Address			
City	Port Washington	State	NY
		ZIP	11050
		Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Gary R.				Lomp			
Inventor's Signature						Date	
Residence: City	Centerport	State	NY	Country	USA	Citizenship	US
Post Office Address	130 Washington Drive						
Post Office Address							
City	Centerport	State	NY	ZIP	11721	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
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City		State		ZIP		Country	

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Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
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Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

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Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Fatih M.		Ozluturk	
Inventor's Signature	Date		
Residence: City	Port Washington	State	NY
		Country	USA
		Citizenship	TR
Post Office Address	70 Willowdale Avenue		
Post Office Address			
City	Port Washington	State	NY
		ZIP	11050
		Country	USA

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DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional provisional applications:					
Application Number		Filing Date (MM/DD/YYYY)			
Additional U.S. applications:					
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)		
09/354,042		07/15/1999	5,953,346		
08/671,067		06/27/1996			
09/129,850		08/06/1998			
08/670,160		06/27/1996	5,754,803		
09/079,600		05/15/1998			
08/671,221		06/27/1996			

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Gary R.				Lomp			
Inventor's Signature						Date	8/23/01
Residence: City	Centerport	State	NY	Country	USA	Citizenship	US
Post Office Address	130 Washington Drive						
Post Office Address							
City	Centerport	State	NY	ZIP	11721	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
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